Case: 1	SENDER: COMPLETE THIS SECTION	1/20/21 Page 1 of 2 PACEID #: 315
	DESCRIPTION OF STREET STREET,	MARKEVEIVEU
	 Complete items 1, 2, and 3. Print your name and address on the reverse 	Corporation Service Company Agent
	so that we can return the card to you.	B. Received by Manage Name C. Date of Delivery
	Attach this card to the back of the mailpiece, or on the front if space permits. 2 CY	B. Received by Tringe wanted
	1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	ABX AIR, INC.	HYES enter delivery address below: No
	SERVE: THE PRENTICE-HALL CORPORATION SYSTEM, INC.	LR4 Agent
	50 WEST BROAD STREET, SUITE 1330	
	COLUMBUS, OH 43215	
		3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
	9590 9402 4898 9032 8871 32	Centified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation ☐ Signature Confirmation
_	7014 0150 0001 6645 9151	☐ Insured Mail Restricted Delivery (over \$500)
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
79.00	AND TO COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1	SENDER: COMPLETE THIS SECTION	A. Signature
3	Complete items 1, 2, and 3.Print your name and address on the reverse	X SUPPOSET Addressee
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
	Attach this card to the back of the mailpiece, or on the front if space permits	S. WEBSTER 1/21/01
	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
	CITY OF LAWRENCEBURG, INDIANA	
	SERVE: HON. KELLY MOLLAUN,	LR 4.2
	MAYOR,	
	230 WALNUT STREET	, 24.
	LAWRENCEBURG, IN 47025	3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
	9590 9402 4898 9032 8857 49	Certified Mail® Certified Mail® Certified Mail Restricted Delivery Merchandise
		☐ Collect on Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ ☐ Signature Confirmation ☐ Signature Confirmat
	2. Article Number (Transfer from service label) 7014 0150 0001 6645 9229	☐ Insured Mail ☐ Insured Mail Restricted Delivery ☐ Restricted Delivery
	PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt
	PS Form 3011, July 2010 1 GR 1000 CE COL	
i	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1	A DESCRIPTION OF THE PROPERTY	A. Signature
è	Complete items 1, 2, and 3. Print your name and address on the reverse	V D Addressee
	so that we can return the card to you.	B. Received by Printed Name) Com Carryle of Delivery Corporation Service
	Attach this card to the back of the mailpiece, or on the front if space permits. 21 CY	Corporation 30.
	A All-la Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	CONTAINERPORT GROUP, INC. SERVE: CORPORATION SERVICE	10112
		Lh 4. By
	COMPANY 50 WEST BROAD STREET, SUITE 1330	Deanne E. Schausell
	COLUMBUS, OH 43215	Agent
		3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™
		☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
	9590 9402 4898 9032 8857 56	Certified Mail Restricted Delivery Certified Mail Restricted Delivery Return Receipt for Merchandise
		☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail
	2. Article Number (Transfer from service label) 7014 0150 0001 6645 9236	Insured Mail Restricted Delivery
	200 0000	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: FISHER AUTO PARTS CO. SERVE: ROBERT SCHMIDT 1163 ROSEDALE AVENUE BUCYRUS, OH 44820	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Apply SHM D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Addressee Addressee
9590 9402 4898 9032 8858 00 2. Article Number (Transfer from service label) 7014 0150 0001 6645 7281	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery □ Signature Receipt for Merchandise □ Signature Confirmation □ Insured Mail Restricted Delivery □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt